



**NEWPORT
IMAGING
CENTER**

Patient Name: DELMER, DANIEL WILLIAM
Ordering Physician: BURTZO, DAVID M, MD
Sex: M **Age:** 56 Y **Date of Birth:** 12/22/1952

Acct #:
MRN: 0840627
ACC: 12031241
Date of Exam: 06/02/2009

Exam: (NICN) NPETWB - PET WHOLE BODY IMAGING SCAN

NEWPORT IMAGING CENTER NORTH - (949) 574-8200

FDG PET Scan

History: Rectal carcinoma

Comparison: CT Fusion study same day. Prior PET scan February 2009.

Technique: Pre scan serum blood glucose level was 97 mg/dl . Following intravenous administration of 14.4 mCi of 18-Fluorodeoxyglucose in the LAC by CB and after a standard one hour delay the patient was placed in a PET scanner. PET data was acquired from the skull base through the upper thighs and reconstructed in sagittal, axial and coronal planes.

Findings:

Brain: The visualized brain shows no hypermetabolic abnormality.

Neck: No significant hypermetabolic abnormality.

Chest: No hypermetabolic abnormality.

Abdomen: There is normal liver, spleen and renal activity. There is no focal hypermetabolic abnormality.

Pelvis: There is increasing hypermetabolic activity in a left common iliac chain lymph node currently measuring maximum SUV of 5 increased from previous measurement of 3.5 and almost doubling in size from the prior CT study.

CONCLUSION:

Significant interval increase in size and metabolic activity in a large left common iliac chain lymph node. The findings are highly concerning for recurrent rectal carcinoma.

Audit Trail:

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Finalized By: GIULIANO, PETER D, MD

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Sex: M **Age:** 56 Y **Date of Birth:** 12/22/1952

Acct #:
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ACC: 12031242
Date of Exam: 06/02/2009

Exam: (NICN) CCAPW - CT CHEST ABDOMEN PELVIS WITH CONTRAST

appear normal.

CONCLUSION:

Nonobstructing bilateral renal calculi. No change from prior study

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CT scan, Pelvis:

There is a hypermetabolic mass in the left common iliac chain measuring 2.0 x 1.8 cm increased from its previous size of 1.4 x 1.2 cm and increasing in SUV now with a maximum SUV of 5.0. Bony structures are unremarkable. Bladder is normal in appearance. There is sequelae of in the right lower quadrant from a previous ileostomy takedown and reanastomosis at rectosigmoid junction.

CONCLUSION:

Increasing hypermetabolic adenopathy in the left common iliac chain. In the context of a history of rectal cancer this is highly concerning for recurrent malignancy.

Postsurgical changes as described.

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